

Nome Children's Home (Nome Community Center)
Wellness Policy
(as culled from Nome Children's Home Policies and Procedures)

The following policies and procedures comprise the Wellness Policy for the Nome Children's Home. All policy numbers indicate corresponding policy in the Nome Children's Home Policy and Procedures Manual.

VII. OPERATIONS

O1.6 Meals and Snacks

POLICY

MEALS AND SNACKS WILL BE NUTRITIOUS

Procedures:

1. NCH staff members will serve three nutritious and balanced meals and two or three snacks (determined by the age and nutritional needs of the child) each day. Menus will be planned in advance as possible.
2. Staff members or volunteers will prepare and serve native foods as part of the balanced meal program.
3. Meals must be documented in the Daily Meals notebook.
4. Guidelines will be followed for all infant foods and food needs.
5. Food served will be unadulterated and fruits and vegetables will be thoroughly washed.
6. When age-appropriate, staff members will encourage residents to participate in menu planning and food preparation.
7. Food substitutions will occur for children who have allergies or sensitivities to certain foods garnered at intake.
8. Staff members serve meals family-style.
9. Visitors, particularly family members, are encouraged to join residents and staff for meals.
10. Depending upon the age of the resident, staff members serve snacks at appropriate times.
11. Food and beverage will never be withheld as a form of punishment, as described in "VIII. TREATMENT AND BEHAVIOR MODIFICATION B1.1 Positive Behavior Modification 5)."
12. In accordance with USDA regulations for the National School Lunch Program, breakfast, lunch, and snacks will be served based on portions prescribed by documented mandate. Age-specific portions will be provided at no less than minimum standards for each required food category, and accurate documentation will be kept daily on menu, numbers served, components used, serving sizes, and leftovers.
13. Meals will be planned in accordance with SMI reviews and recommendations, and no more than 2% milk will be used for consumption.
14. The RCCA Director or designee will submit monthly claims through the State of Alaska Child and Nutrition Services (CNS) web portal. Any discrepancies found in reporting will be corrected through the appropriate measures.
15. The RCCA Director or designee is responsible for maintaining compliance with all USDA and other nutritional requirements. Periodic reviews as dictated by CNS applications will be conducted by said person(s).

VI. SERVICES/PROGRAMS

SP1.0 Participation in Activities

POLICY

RESIDENTS MAY PARTICIPATE IN ACTIVITIES THAT ARE AGE-, ABILITY-, LEVEL -, AND CULTURALLY-APPROPRIATE.

All program services will afford youth opportunities to participate in a planned program of group living, shared community experiences, and educational development.

Level III youth will be afforded all of these opportunities in addition to having ongoing individual, group, and family therapy or counseling as identified in the individual treatment plans; an individualized educational program for each child; and individualized, strength-based treatment plans including crisis prevention.

Procedures:

1. Children will not participate in any activity until they are developmentally-ready, and then only under supervision. The daily activity will be age-designed and will take into account school attendance, weekends, and summer.
2. Residents, when age appropriate, will be involved in decisions about group living activities and routines.
3. Program staff will assess the individual child's readiness for a particular risk activity.
4. NCH staff members will not offer at-risk activities, such as, boating, 4-wheeling, snowmachining, or any other activity OCS or DJJ deems high risk.
5. Staff members will provide times for individual and group activities and for quiet and active times.
6. Staff members will allow time for family life experiences; personal hygiene; health and nutrition; care of clothing and belongings; money management; social skill development; and independent living skills.
7. If a resident is in need of guidance in human sexuality, drugs, alcohol, and any other topic a staff member is not trained-in or does not feel comfortable discussing with the resident, the RCCA will contact Public Health Nursing to set-up an appointment.
8. Staff members will incorporate community resources into the activity program for cultural, recreational, and educational experiences.
9. Staff members will coordinate with the schools to ensure proper educational needs are met based on assessments and treatment needs.
10. Staff members will make time available for individual, family, and group counseling.
11. Staff members will schedule outdoor activities as weather permits.
12. Staff members will arrange to take age-appropriate children to the Boys and Girls Club each afternoon and to the Nome United Methodist Church playground across the street from the B&G Club.

SP1.1 Cultural Component

POLICY

NCH STAFF MEMBERS WILL PROVIDE CULTURALLY-APPROPRIATE SERVICES.

Procedures:

1. The staff members of NCH will ensure the program is culturally-appropriate.
2. Staff members will have appropriate background and/or training in the culture of the children served.
3. Staff members will be adept in communication with children in a culturally- appropriate way.
4. Staff members will offer traditional foods as part of the meal cycle.

5. Staff members will regularly include traditional activities, such as fishing, berry picking, native arts, and crafts as integral parts of the program.
6. The RCCA will recruit volunteers to engage the children through storytelling and other traditional education, such as skin sewing, drum making, Eskimo dancing, etc.

SP1.4 Family Planning

POLICY

PARENTS AND FAMILY MEMBERS WILL BE PROVIDED THE OPPORTUNITY TO BE INVOLVED IN THE ACTIONS LEADING TO THE RETURN OF THE CHILD TO HIS OR HER OWN HOME

To prepare the child for a positive return to his or her own home, parents and/or family members will be afforded opportunities to be involved in their child's healing and move toward returning home as appropriate.

Parents/Family members will be a member(s) of the Treatment Team for the child. Since effective Family Services are based on individualized, strength-based, family-centered dynamics, the involvement of the relative in the child's treatment is imperative.

To aid in reunification, the RCCA will encourage the referring agency to refer the family of the resident to the agency's Family Services Reunification Coordinator. The coordinator will provide the family with supports and resources to help the family prepare for a return of the child to the home while ensuring the environment is positive and fosters appropriate interaction and support. The coordinator will offer parenting skills workshops, nutrition services, budgeting activities, and a host of other services needed as determined through the family's intake process and assessment.

If required, the coordinator will supervise visits between the child and the family, and will offer transportation if needed to ensure family contact is maintained. The coordinator will provide or arrange transportation for the family to treatment sessions, appointments, planned events, Family Contact, and other activities consistent with the family's own service plan as well as the treatment plan of the resident. Transportation will occur during regular working hours, after-hours, and on weekends as necessary.

In cases when OCS and/or DJJ deems clinical observation must be made during visitations, the coordinator will collaborate with the family's assigned Behavioral Health Services clinician to schedule consistent appointments and provide transportation. The coordinator will be present (at the discretion of the case worker and clinician) to engage the child (during family session) should the therapist need to remove the parents for counsel or terminate the visit early.

For OCS cases, the coordinator will meet with the local office of OCS at least twice monthly to discuss progress related to Family Contact; develop and/or amend safety and visitation plans; and attend Team Decision Making Meetings to offer recommendations and changes in parenting capacities; and deliver progress notes and assessments in electronic format.

Because the Reunification Coordinator is available seven days a week, family visits may be scheduled for weekends, weeknights, and other times of day to best serve family schedules.

Important in the positive transitions to family reunifications and permanent placements, the NCH staff and Reunification Coordinator (if involved) must make available to the referred families social, educational, and cultural engagement activities as possible visitation opportunities. For normalcy to

begin to be established, visitations must reflect progress towards reunification and the redevelopment of personal identity with family.

The NCH staff member and/or coordinator will meet with families prior to the start of visitations to collaborate on ideas of what activities could occur during interaction with the children while making them supportive of the treatment plan. The staff member/coordinator will allow families to guide this discussion and will make suggestions based on information garnered through intake and over the course of services provision. The Children's Home and coordinator will always have craft, journaling, some food, toys and game supplies on-hand for positive interaction. The NCH staff/coordinator will also encourage families to bring meaningful items from home if they will promote family bonding. During all supervised activities, the NCH staff/coordinator will be available for support and participation. The NCH staff/coordinator will also make provision for family milestone activities, such as birthdays, holidays, or anniversary celebrations.

In strict coordination with the OCS/DJJ case worker, any public visitations will be approved prior to implementation as necessary. For lower levels of supervision, the ability for families to partake in social activities is key to transition into reunification. This type of social engagement allows family members to establish trusting, communicative bonds with their children while participating in positive family events considered by the family to be part of their tradition, culture, and/or normal routine. Displacement from the home for children and removal of a child for parents can lead to adjustment disorders often reflected in distrust of others and reluctance to establish relationships. The more opportunities offered, the less impact those potential issues may have in the future.

Visitations may also be centered on educational opportunities. While parents may participate in parenting classes without children, and children may be involved with after-school tutoring, whenever possible, activities could reflect the needs of all family members. Parents and older children who need assistance with how to properly interview or information on how to complete an application could participate with each other in appropriate job readiness sessions or families needing nutritional education could participate in agency-led cooking sessions. Regardless of the type of interaction and its location, every family visitation will feature modeled behavior and debriefing leading to reinforced values and skills.

Families will need a variety of collaborative services to meet the expectations of their case plans and establish reunification. Family members may need counseling, parenting skills, and/or substance abuse treatment, while children placed out of the home will need a variety of services to help make their transition to group living as comfortable as possible. Based on the family's case and safety plans, intake interviews, and assessments, the Reunification Coordinator will work closely with Norton Sound Health Corporation's Behavioral Health Services (BHS) to provide any recommended behavioral, mental health, or substance abuse counseling needed to help the family members achieve a means of healthy living. All children will be assessed by BHS clinicians, and those children with severe emotional or behavioral issues will be directed to services as established in completed assessments. Family members of those children will be referred for Family Counseling, as well, to help preserve and foster the child's return to a positive home environment. The Nome Community Center and BHS currently have a working relationship where collaboration on common Family Services clients positively occurs, and staff members from both agencies often collaborate on treatment teams. These partnerships not only support the needs of the children and parents, but helps OCS garner information necessary to document all reasonable efforts and provide in-court hearings. More importantly, it gives OCS caseworkers

important records on the progress of the child and parents leading to well-informed decisions on reunification.

The NCH Staff and Reunification Coordinator will collaborate with family members (as appropriate) and foster families to imperatively maintain a positive working relationship with the medical community, particularly Norton Sound Health Corporation. All medical needs will be addressed for each child including complete health examinations if no existence of one having been completed within a year of placement is found; dental needs; and securing of immunization records within fifteen days of placement. The staff will secure proper ROIs and confidential information will not be released.

Community collaborations will also include an open relationship with Nome Public Schools. The NCH Staff and Reunification Coordinator, in collaboration with the family members, OCS/DJJ caseworker, treatment team members, and potential foster family (as applicable), will ensure there is no gap in the education of children and will work intently with the school administration and OCS/DJJ to ensure all required paperwork and tests are in place to ensure proper education if those needs were not being met or to transition that student into the classroom. More importantly, the staff will establish relationships with teachers and school personnel to better serve as a primary contact for any challenges or needs the family and child have while the student attends school. Currently within the NCC's TLFR, FP, and RCC programs, staff members have open access to the classroom to tend to these needs and are often called prior to parents, even if they are local. Should NCC Family Services staff members discover there are educational challenges, they will coordinate with after-school tutoring programs as appropriate, both through the school and offered by Nome Eskimo Community. To ensure children have the best educational experience possible, staff members will ascertain school supply needs and provide items as necessary.

For children who exhibit and/or have been assessed as having potential or current alcohol, tobacco, or other drug use, the NCH Staff and Reunification Coordinator will refer those children (13 years and up) to the NCC's PRIME For Life risk-reduction program, a six week curriculum proven effective to reducing use across Alaska and other parts of the country.

The NCH staff and Reunification Coordinator will maintain relationships with agencies offering extra-curricular activities including the Nome Recreational Center, Nome Boys and Girls Club, Nome Eskimo Community, Kawerak, Inc., and various school programs. These opportunities will be tailored to the age and needs of the children and family members.

While working with the family as a whole, staff members will collaborate with appropriate social service entities including public assistance, WIC, the Nome Job Service, and other agencies to help the family get into a position where reunification is possible.

IX. HEALTH

H1.6 Alcohol, Tobacco, and Drug Free Environment

POLICY

NCH IS AN ALCOHOL, TOBACCO AND DRUG FREE ENVIRONMENT.

Procedures:

This policy applies to all staff, residents, and visitors.

1. Alcohol

- Alcohol is not permitted on the premises.

- Staff may not consume alcohol when they are on duty.
- Staff will not be permitted to work if they smell of alcohol or are under the influence of alcohol.
- 2. Visitors will not be admitted to the facility if they smell or are under the influence of alcohol.
- 3. Residents are not permitted to use alcohol at any time.
- 4. Tobacco
 - The use of tobacco (smoking and smokeless) is strictly prohibited in the facility, on facility grounds, and in vehicles.
- 5. Illegal drugs
 - Illegal drugs may not be in the possession of residents or staff at any time.
 - Visitors known or suspected of having in their possession illegal drugs will not be permitted access to NCH. Law enforcement will be notified in this circumstance.
- 6. Staff Smoking:
 - Smoking by staff is not permitted when on duty.

H1.7 Restroom Facilities

POLICY

ADEQUATE RESTROOM FACILITIES WILL BE PROVIDED FOR ALL RESIDENTS

The following regulations are in place for restroom facilities at the Nome Children's Home:

1. All bathrooms on-site have an adequate number of toilets for resident and staff members use at a 1:6 ratio.
2. Each bathroom on-site contains wash basins at a 1:6 ratio.
3. Each bathroom has toilets available with appropriate privacy devices, i.e. doors.
4. Each bathroom has a shower available at a 1:6 ratio.

H1.8 Sanitation

POLICY

ALL COMMON USE ITEMS WILL BE PROPERLY SAINTIZED PRIOR TO NEXT USE

Each table or highchair used for food is in good repair, is easily cleanable, and is cleaned and sanitized after each use; uncarpeted floors, low shelves, walls, door knobs, and other surfaces often touched by adults or children in care are cleaned and sanitized at a frequency to keep the surface clean and sanitary; in each carpeted area, the entity shall ensure that the carpet is vacuumed and shampooed at a frequency to keep it clean; each interior waste receptacle is kept clean and emptied as often as necessary to prevent overflow; any surface contaminated by a body fluid, including saliva, blood, mucus, vomit, urine, feces, and an injury discharge, is immediately cleaned and disinfected using universal precautions in as listed in H1.2; cleaning that may present a hazard to adults or children is done only when a room is not occupied by adults or children in care; and all bedding is laundered 1) at least once every seven days; 2) before assignment to another adult or child in care; and 3) whenever soiled. All hand washing sinks will be used only for that purpose. Soap and disposable paper towels or hand dryers will be available at each sink designated for this purpose.